

Annual Evaluation Report of Less Restrictive Placement And Supports For People with Intellectual/Developmental Disabilities Who Pose A Risk To Public Safety

Please complete this report along with an appropriate risk assessment tool (e.g., SOTIPS). Both reports must be retained in the person's records. Please forward a copy of the Annual Evaluation report w/o the risk assessment tool to the DDSD Public Safety Specialist when completed. Please indicate which risk assessment tool was used: _____

Person's Name:	Review Date:	Name of Review Team Representative:	
a.) Does the person continue to present a public safety risk with current supports?	Y or N	If Y, why?	
b.) Does the person continue to present a public safety risk if supports were reduced or removed?	Y or N	If Y, why?	
c.) Have there been any attempts to decrease the person's supervision in the past?	Y or N	If Y, how did it go? / If N, why not?	
d.) Do other factors relate to the person's need for specialized developmental disabilities services (i.e., medical, mental health, or developmental needs)?	Y or N	If Y, briefly describe:	
e.) Does the person have an elopement history from any settings?	Y or N	If Y, where?	
f.) What has been the time period since the person's last incident of inappropriate sexual and/or violent behavior?	Time period?	Briefly describe incident below:	
g.) Is the person's opportunity to reoffend changed based on proximity to victims?	Y or N		
h.) What are the potential risks for the person associated with less restrictive supervision or placement? (Please describe who/what/where and what can be done to mitigate them.)	Risks: Mitigates:		
i.) Has there been an increase in the person's risk manageability?	Y or N	If Y, describe:	
j.) What would indicate that the person's risk is increasing in this new situation or placement? What will be a progressive support response to address this increase?	Indicator: Response:		
k.) What training for staff and the person would be needed to step down restrictive placement?			
l.) Does everyone agree with the proposed change(s), if any? (See Protocol #4.)	Y or N	Who will Mediate, if needed? When was change consensus finalized?	
m.) Is there a current written plan for less restrictive supervision/placement?	Y or N	n.) Did you modify the Written Plan/CBSP/CSP in this Review?	Y or N